

Vital Records

Birth Certificate Variables for Data Sharing Agreements

Requested:

	Item	Values
1.	<input type="checkbox"/> Certificate number	_____
2.	<input type="checkbox"/> Facility code	_____
3.	<input type="checkbox"/> Birth city code	_____
4.	<input type="checkbox"/> Birth county code	_____
5.	<input type="checkbox"/> Birth state code	_____
6.	<input type="checkbox"/> Name	_____
7.	<input type="checkbox"/> Social Security Number	_____
8.	<input type="checkbox"/> Sex	_____
9.	<input type="checkbox"/> Plurality	_____
10.	<input type="checkbox"/> Birth order	_____
11.	<input type="checkbox"/> Time of birth	_____
12.	<input type="checkbox"/> Child's birth date	_____
	• Year	_____
	• Month	_____
	• Day	_____
13.	<input type="checkbox"/> Mother's name	_____
14.	<input type="checkbox"/> Mother's Social Security Number	_____
15.	<input type="checkbox"/> Mother's birth date	_____
	• Year	_____
	• Month	_____
	• Day	_____
16.	<input type="checkbox"/> Mother's age	_____
17.	<input type="checkbox"/> Mother's birthplace	_____
	• State code	_____
18.	<input type="checkbox"/> Mother's residence	_____
	• County code	_____
	• State code	_____
	• Zip – 5-digit or 9-digit	_____
19.	<input type="checkbox"/> Mother's marital status	_____
20.	<input type="checkbox"/> Mother's race	_____
21.	<input type="checkbox"/> Mother's ancestry (ethnicity)	_____
22.	<input type="checkbox"/> Mother's primary language	_____
23.	<input type="checkbox"/> Mother's education	_____
24.	<input type="checkbox"/> Mother's WIC status	_____
25.	<input type="checkbox"/> Mother's cigarette use during pregnancy	_____
26.	<input type="checkbox"/> Mother's height	_____
27.	<input type="checkbox"/> Mother's weight before pregnancy	_____
28.	<input type="checkbox"/> Spouse's birth date (began in 1989)	_____
	• Year	_____
	• Month	_____
	• Day	_____
29.	<input type="checkbox"/> Spouse's name	_____
30.	<input type="checkbox"/> Spouse's name before marriage	_____
31.	<input type="checkbox"/> Spouse's Social Security Number	_____
32.	<input type="checkbox"/> Spouse's race	_____
33.	<input type="checkbox"/> Spouse's age (1959-1961 & 1965-1988)	_____
34.	<input type="checkbox"/> Spouse's birthplace	_____
	• State code	_____
35.	<input type="checkbox"/> Spouse's ancestry (ethnicity)	_____
36.	<input type="checkbox"/> Spouse's education	_____
37.	<input type="checkbox"/> Spouse's primary language	_____
38.	<input type="checkbox"/> Live births now living	_____
39.	<input type="checkbox"/> Live births now deceased	_____
40.	<input type="checkbox"/> Date last live birth	_____
41.	<input type="checkbox"/> Date last menses	_____
42.	<input type="checkbox"/> Gestational age clinical estimate	_____
43.	<input type="checkbox"/> Date first prenatal visit	_____
44.	<input type="checkbox"/> Month prenatal care began	_____
45.	<input type="checkbox"/> Number prenatal care visits	_____

Requested:

	Item	Values
46.	<input type="checkbox"/> Mother's total weight gain/loss	_____
47.	<input type="checkbox"/> Obstetric Procedures	_____
48.	<input type="checkbox"/> Type of place where birth occurred	_____
49.	<input type="checkbox"/> Other pregnancy outcomes	_____
	• Number of other outcomes	_____
	• Date of last other outcomes	_____
50.	<input type="checkbox"/> Risk factors of pregnancy	_____
51.	<input type="checkbox"/> Infections present or treated during preg.	_____
52.	<input type="checkbox"/> Onset of labor	_____
53.	<input type="checkbox"/> Attendant information	_____
54.	<input type="checkbox"/> Certifier information	_____
55.	<input type="checkbox"/> Principal source of payment	_____
56.	<input type="checkbox"/> Mother's weight at delivery	_____
57.	<input type="checkbox"/> Characteristics of labor and delivery	_____
58.	<input type="checkbox"/> Method of delivery	_____
59.	<input type="checkbox"/> Maternal morbidity	_____
60.	<input type="checkbox"/> Birthweight	_____
61.	<input type="checkbox"/> Apgar score - 1 minute (1978 on)	_____
62.	<input type="checkbox"/> Apgar score - 5 minutes (1978 on)	_____
63.	<input type="checkbox"/> Congenital anomalies (previous time period)	_____
64.	<input type="checkbox"/> Abnormal cond. of newborn	_____
65.	<input type="checkbox"/> Congenital anomalies of newborn	_____
66.	<input type="checkbox"/> Mother transf. in prior to delivery	_____
67.	<input type="checkbox"/> Infant transferred and facility	_____
68.	<input type="checkbox"/> Mother breastfeeding or pumping	_____
69.	<input type="checkbox"/> Infant rec. Dried Bloodspot Screening	_____
70.	<input type="checkbox"/> Infant rec. Newborn Hearing Screening	_____
71.	<input type="checkbox"/> Infant removed from mother's custody	_____
72.	<input type="checkbox"/> Alcohol use (1989-2006)	_____
73.	<input type="checkbox"/> Tobacco use (previous time period)	_____
74.	<input type="checkbox"/> Medical history for pregnancy (previous time period)	_____
75.	<input type="checkbox"/> Other (provide detailed information)	_____

Vital Records
Death Certificate Variables for Data Sharing Agreements

Requested:

	Item	Values
1.	<input type="checkbox"/> Certificate Number	_____
2.	<input type="checkbox"/> Date of death m/d/y	_____
3.	<input type="checkbox"/> Sex	_____
4.	<input type="checkbox"/> Age	_____
5.	<input type="checkbox"/> Date of birth m/d/y	_____
6.	<input type="checkbox"/> Location of Death	_____
	• State code	
	• County number	
	• City Code	
7.	<input type="checkbox"/> Inside city limits	_____
8.	<input type="checkbox"/> Place of death code	_____
9.	<input type="checkbox"/> Facility Code	_____
10.	<input type="checkbox"/> Ethnicity	_____
11.	<input type="checkbox"/> Race	_____
12.	<input type="checkbox"/> Education	_____
13.	<input type="checkbox"/> Birth place	_____
14.	<input type="checkbox"/> Marital status	_____
15.	<input type="checkbox"/> Usual Occupation	_____
16.	<input type="checkbox"/> Kind of Business	_____
17.	<input type="checkbox"/> Residence	_____
	• State code	
	• County code	
	• City Code	
18.	<input type="checkbox"/> Method of disposition	_____
19.	<input type="checkbox"/> Manner of death	_____
20.	<input type="checkbox"/> Date of Injury m/d/y	_____
21.	<input type="checkbox"/> Hour of Injury hour/min/indicator	_____
22.	<input type="checkbox"/> Location of Injury zip code	_____
23.	<input type="checkbox"/> Hour of Death hr/min/indicator	_____
24.	<input type="checkbox"/> Pregnancy past 12 months	_____
25.	<input type="checkbox"/> Autopsy	_____
26.	<input type="checkbox"/> Accidental death	_____
	• At work	
	• Manner of Injury	
	• Place of Injury	
27.	<input type="checkbox"/> Underlying cause of death code	_____
28.	<input type="checkbox"/> All conditions coded	_____
29.	<input type="checkbox"/> Specific ICD-10 Codes (specify below)	_____

30.	<input type="checkbox"/> Other (provide detailed information)	_____

Vital Records

Fetal Death Certificate Variables for Data Sharing Agreements

Requested:

	Item		Values
1.	<input type="checkbox"/> Certificate number		_____
2.	<input type="checkbox"/> Sex		_____
3.	<input type="checkbox"/> Date of delivery		_____
4.	<input type="checkbox"/> Hour of delivery h/m/indicator		_____
5.	<input type="checkbox"/> Location of delivery		_____
	• State code		
	• County code		
	• City code		
6.	<input type="checkbox"/> Place of delivery		_____
7.	<input type="checkbox"/> Facility code		_____
8.	<input type="checkbox"/> Mother's date of birth m/d/y		_____
9.	<input type="checkbox"/> Mother's age		_____
10.	<input type="checkbox"/> State of birth code		_____
11.	<input type="checkbox"/> Mother's residence		_____
	• State code		
	• County code		
	• City code		
12.	<input type="checkbox"/> Father's date of birth m/d/y		_____
13.	<input type="checkbox"/> Father's age		_____
14.	<input type="checkbox"/> State of birth code		_____
15.	<input type="checkbox"/> Mother's ethnicity		_____
16.	<input type="checkbox"/> Mother's race		_____
17.	<input type="checkbox"/> Mother's education		_____
18.	<input type="checkbox"/> Mother's occupation		_____
19.	<input type="checkbox"/> Mother's industry/business		_____
20.	<input type="checkbox"/> Father's ethnicity		_____
21.	<input type="checkbox"/> Father's race		_____
22.	<input type="checkbox"/> Father's education		_____
23.	<input type="checkbox"/> Father's occupation		_____
24.	<input type="checkbox"/> Father's industry/business		_____
25.	<input type="checkbox"/> Pregnancy History		_____
	• Now living		
	• Now dead		
26.	<input type="checkbox"/> Date of last live birth m/y		_____
27.	<input type="checkbox"/> Weight of fetus		_____
28.	<input type="checkbox"/> Plurality		_____
29.	<input type="checkbox"/> Mother's marital status		_____
30.	<input type="checkbox"/> Date last normal menses m/d/y		_____
31.	<input type="checkbox"/> Month prenatal care began		_____
32.	<input type="checkbox"/> Total prenatal visits		_____
33.	<input type="checkbox"/> Clinical estimate gestation		_____
34.	<input type="checkbox"/> Mother transferred		_____
35.	<input type="checkbox"/> Medical history of pregnancy		_____
36.	<input type="checkbox"/> Alcohol use		_____
37.	<input type="checkbox"/> Tobacco use		_____
38.	<input type="checkbox"/> Weight gained during pregnancy		_____
39.	<input type="checkbox"/> Obstetric procedures		_____
40.	<input type="checkbox"/> Events of labor and delivery		_____
41.	<input type="checkbox"/> Method of delivery		_____
42.	<input type="checkbox"/> Congenital anomalies		_____
43.	<input type="checkbox"/> Cause of fetal death		_____
44.	<input type="checkbox"/> Autopsy		_____
45.	<input type="checkbox"/> Method of disposition		_____
46.	<input type="checkbox"/> Specific ICD-10 Codes (specify below)		_____

47.	<input type="checkbox"/> Other (provide detailed information)		_____